

10/564406

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT/

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓			↓					↓			↓
TOTAL DEP.	15	↔			↔					↔			↔
TOTAL CLASRS	20	████████			████████					████████			████████